

## Application for Permit to Modify (APM)

1. WELL NAME (CURRENT)	2. SIDETRACK NO. (CURRENT)	3. BYPASS NO. (CURRENT)	4. OPERATOR NAME and ADDRESS (Submitting office)
5. API WELL NO. (12 digits)	6. START DATE (Proposed)	7. ESTIMATED DURATION (DAYS)	
8. <input type="checkbox"/> Revision	9. If revision, please list changes:		

WELL AT TOTAL DEPTH	WELL AT SURFACE
10. LEASE NO.	13. LEASE NO.
11. AREA NAME	14. AREA NAME
12. BLOCK NO.	15. BLOCK NO.

Proposed or Completed Work
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16. PROPOSED OR COMPLETED WORK (Describe in Section 17)

**PLEASE SELECT ONLY ONE PRIMARY TYPE IN BOLD AND AS MANY SECONDARY TYPES AS NECESSARY.**

<input type="checkbox"/> <b>Enhance Production</b> <input type="checkbox"/> Acidize <input type="checkbox"/> Artificial Lift <input type="checkbox"/> Wash/Desand Well <input type="checkbox"/> Jet Well <input type="checkbox"/> <b>Utility</b> <input type="checkbox"/> Initial Injection Well <input type="checkbox"/> Additional Fluids for Injection <input type="checkbox"/> <b>Other Operations</b> <input type="checkbox"/> Describe Operation(s)	<input type="checkbox"/> <b>Workover:</b> <input type="checkbox"/> Change Tubing <input type="checkbox"/> Casing Pressure Repair <input type="checkbox"/> <b>Abandonment of Well Bore:</b> <input type="checkbox"/> Permanent Abandonment <input type="checkbox"/> Temporary Abandonment <input type="checkbox"/> Plugback to Sidetrack/Bypass <input type="checkbox"/> Site Clearance	<input type="checkbox"/> <b>Completion:</b> <input type="checkbox"/> Initial Completion <input type="checkbox"/> Reperforation <input type="checkbox"/> Change Zone <input type="checkbox"/> Modify Perforations <input type="checkbox"/> <b>Information:</b> <input type="checkbox"/> Surface Location Plat <input type="checkbox"/> Change Well Name
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17. BRIEFLY DESCRIBE PROPOSED OPERATIONS (Attach prognosis):

18. LIST ALL ATTACHMENTS (Attach complete well prognosis and attachments required by 30 CFR 250.513(a) through (d); 250.613(a) through (d); 250.1712(a) through (f); 250.1721(a) through (g); 250.1722(a) through (d); or 250.1743(a).

19. Rig Name or Primary Unit (e.g., Wireline Unit, Coil Tubing, Snubbing Unit, etc.)

20. The greater of SITP or MASP (psi):	21. Type of Safety Valve (SV): ___ SCSSV ___ SSCSV ___ N/A	22. SV Depth BML (ft): _____
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23. Rig BOP (Rams)	24. Rig BOP (Annular)
Size: _____ Working Pressure (psi) _____ Test Pressure (psi) _____ _____ Low/High: _____	Working Pressure (psi) _____ Test Pressure (psi) _____ _____ Low/High: _____

25. Coiled Tubing BOP:	26. Snubbing Unit BOP:	27. Wireline Lubricator:
Working Pressure (psi) _____ BOP Test Pressure (psi) _____ _____ Low/High: _____	Working Pressure (psi) _____ Test Pressure (psi) _____ _____ Low/High: _____	Working Pressure (psi) _____ Test Pressure (psi) _____ _____ Low/High: _____

28. CONTACT NAME:	29. CONTACT TELEPHONE NO.:	30. CONTACT E-MAIL ADDRESS:
31. AUTHORIZING OFFICIAL (Type or print name)		32. TITLE
33. AUTHORIZING SIGNATURE		34. DATE

**THIS SPACE FOR MMS USE ONLY**

APPROVED BY:	TITLE	DATE
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